

OCT 07 2005

Atty Docket No. 021989-000411US

PTO FAX NO.: 1-571-273-8300

ATTENTION:

Group Art Unit 1648

**OFFICIAL COMMUNICATION
FOR THE ATTENTION OF
GROUP ART UNIT 1648**

CERTIFICATION OF FACSIMILE TRANSMISSION

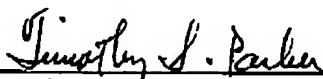
I hereby certify that the following documents in re Application of David S. Burt, et al., Application No. 10/771,737, filed February 3, 2004 for PROTEOSOME INFLUENZA VACCINE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Form PTO/SB/21
2. Request For Withdrawal As Attorney Or Agent And Change Of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: October 7, 2005


Timothy S. Parker

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 858-350-6100
Fax: 415-576-0300
60603250 v1

PTO/SB/21 (08-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/771,737	
	Filing Date	February 3, 2004	
	First Named Inventor	Burt, David S.	
	Art Unit	1648	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	021989-000411US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	<i>Scott E. McPherson</i>	
Printed name	Scott E. McPherson	
Date	October 7, 2005	Reg. No. 53,307

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on October 7, 2005.			
Signature	<i>Timothy S. Parker</i>		
Typed or printed name	Timothy S. Parker	Date	October 7, 2005

60603242 v1

PTO/SB/83 (04-05)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/771,737
Filing Date	February 3, 2004
First Named Inventor	BURT, David S.
Art Unit	1648
Examiner Name	
Attorney Docket Number	021989-000411US

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P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests to transfer matter

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Seed Intellectual Property Law Group PLLC

Address 710 Fifth Avenue
Suite 6300

City Seattle State WA Zip 98104

Country US

Telephone 206-622-4900 Email info@seedIP.com

Signature *Scott E. McPherson*

Name Scott E. McPherson

Registration No. 53,307

Date October 7, 2005

Telephone No. 858-350-8100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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